FILED CHARLOTTE, NC

JAN 10 2025

UNITED STATES DISTRICT COURT for the

US DISTRICT COURT WESTERN DISTRICT OF NC

Dist	rict of
	Division
Plaintiff(s) (Write the full name of each plaintiff who is filing this complaint. If the names of all the plaintiffs cannot fit in the space above, please write "see attached" in the space and attach an additional page with the full list of names.) -V-	Case No.
Harris Teeter LLC Defendant(s) (Write the full name of each defendant who is being sued. If the names of all the defendants cannot fit in the space above, please write "see attached" in the space and attach an additional page with the full list of names. Do not include addresses here))))))))))

COMPLAINT FOR VIOLATION OF CIVIL RIGHTS

(Non-Prisoner Complaint)

NOTICE

Federal Rules of Civil Procedure 5.2 addresses the privacy and security concerns resulting from public access to electronic court files. Under this rule, papers filed with the court should *not* contain: an individual's full social security number or full birth date; the full name of a person known to be a minor; or a complete financial account number. A filing may include *only*: the last four digits of a social security number; the year of an individual's birth; a minor's initials; and the last four digits of a financial account number.

Except as noted in this form, plaintiff need not send exhibits, affidavits, grievance or witness statements, or any other materials to the Clerk's Office with this complaint.

In order for your complaint to be filed, it must be accompanied by the filing fee or an application to proceed in forma pauperis.

I. The Parties to This Complaint

A. The Plaintiff(s)

Provide the information below for each plaintiff named in the complaint. Attach additional pages if needed.

Name
Address

Address

Address

Address

Address

Address

Address

Charlotte

Charlotte

NC

28208

City

State

Zip Code

Mecklenburg

Telephone Number

Telephone Number

E-Mail Address

Leekman 870) icloud. Cumm

B. The Defendant(s)

Provide the information below for each defendant named in the complaint, whether the defendant is an individual, a government agency, an organization, or a corporation. For an individual defendant, include the person's job or title (if known) and check whether you are bringing this complaint against them in their individual capacity or official capacity, or both. Attach additional pages if needed.

Defendant No. 1	
Name	Harris Teeter LLC
Job or Title (if known)	
Address	1227 East Blud.
	Charlotte NC 28203 City State Zip Code
County	Mecklenburg
Telephone Number	704-375-5071
E-Mail Address (if known)	
	Individual capacity Official capacity
Defendant No. 2	
Name	
Job or Title (if known)	Ment Chat
Address	
10	- NC
4B.	City State Zip Code
County	
Telephone Number	
E-Mail Address (if known)	
_	Individual capacity Official capacity

Pro Se 15 (Rev. 12/16) Complaint for Violation of Civil Rights (Non-Prisoner)								
		Defendant No. 3 Name Job or Title (if known) Address						
		County Telephone Number E-Mail Address <i>(if known)</i>	City	State	Zip Code			
		Defendant No. 4 Name Job or Title (if known)	Individual capacity	Official capa	city			
		Address	City	State	Zip Code			
		Telephone Number E-Mail Address (if known)	Individual capacity	Official capa	city			
II.	Under immur Federa	nities secured by the Constitution and	u may sue state or local officials for the "deprivation of any rights, privileges, or constitution and [federal laws]." Under <i>Bivens v. Six Unknown Named Agents of</i> s, 403 U.S. 388 (1971), you may sue federal officials for the violation of certain					
	A. Are you bringing suit against (check all that apply): Federal officials (a Bivens claim) State or local officials (a § 1983 claim)							
	В.	Section 1983 allows claims alleging the "deprivation of any rights, privileges, or immunities secured by the Constitution and [federal laws]." 42 U.S.C. § 1983. If you are suing under section 1983, what federal constitutional or statutory right(s) do you claim is/are being violated by state or local officials?						
	C.	Plaintiffs suing under <i>Bivens</i> may care suing under <i>Bivens</i> , what constitution officials?						

D. Section 1983 allows defendants to be found liable only when they have acted "under color of any statute, ordinance, regulation, custom, or usage, of any State or Territory or the District of Columbia." 42 U.S.C. § 1983. If you are suing under section 1983, explain how each defendant acted under color of state or local law. If you are suing under *Bivens*, explain how each defendant acted under color of federal law. Attach additional pages if needed.

III. Statement of Claim

State as briefly as possible the facts of your case. Describe how each defendant was personally involved in the alleged wrongful action, along with the dates and locations of all relevant events. You may wish to include further details such as the names of other persons involved in the events giving rise to your claims. Do not cite any cases or statutes. If more than one claim is asserted, number each claim and write a short and plain statement of each claim in a separate paragraph. Attach additional pages if needed.

A. Where did the events giving rise to your claim(s) occur?

Meat Department of Harris Teeter 1227 East Blvd. Charlott NC

B. What date and approximate time did the events giving rise to your claim(s) occur?

12/14/24 9:41 am

What are the facts underlying your claim(s)? (For example: What happened to you? Who did what? Was anyone else involved? Who else saw what happened?) I, Koliak Bornes arrived at Harris Teeter On 12/14/24 at 9:30 Am I walked in the Stove went Stronglit to the meat department Stood there for a few minutes then. James took my order I order a lobstertails at frist then I said to James Give me 2 more so theirs 8 total he says ok James weighs the lobster's wrap them UP I see how much the lobster's Cost So Im waiting on James to pass me my product so I can go Page 4 of 6 Case 3:25 gr. -00017KDB-DCK was page ment 1 product so I can go Page 4 of 6 Service.

The lobster never Scanned the price didn't come up I told him he's not telling the teath I seen the price back at the meat department when you weighted the lobster So he gave it to the Cashier Alicia P. and told her to ring up the lobster and stranged away.

IV. Injuries

If you sustained injuries related to the events alleged above, describe your injuries and state what medical treatment, if any, you required and did or did not receive.

V. Relief

State briefly what you want the court to do for you. Make no legal arguments. Do not cite any cases or statutes. If requesting money damages, include the amounts of any actual damages and/or punitive damages claimed for the acts alleged. Explain the basis for these claims.

I am Suing for \$20,000,000 for racial discrimination, discrimination, Pain and Suffering. James assumed that since I was young black with no Cart or basket I was going to Steal lobster now I havent been back in a Harris Teeter Snice because I scared to get treated the same way again.

VI. Certification and Closing

B.

Under Federal Rule of Civil Procedure 11, by signing below, I certify to the best of my knowledge, information, and belief that this complaint: (1) is not being presented for an improper purpose, such as to harass, cause unnecessary delay, or needlessly increase the cost of litigation; (2) is supported by existing law or by a nonfrivolous argument for extending, modifying, or reversing existing law; (3) the factual contentions have evidentiary support or, if specifically so identified, will likely have evidentiary support after a reasonable opportunity for further investigation or discovery; and (4) the complaint otherwise complies with the requirements of Rule 11.

A. For Parties Without an Attorney

I agree to provide the Clerk's Office with any changes to my address where case—related papers may be served. I understand that my failure to keep a current address on file with the Clerk's Office may result in the dismissal of my case.

Date of signing: $\sqrt{-/6}$	0-25		
Signature of Plaintiff Printed Name of Plaintiff	Koliak Ugad) Koliak Had	Bains Baines	
For Attorneys			
Date of signing:			
Signature of Attorney			
Printed Name of Attorney			
Bar Number			
Name of Law Firm			
Address			
	City	State	Zip Code
Telephone Number			
E-mail Address			